

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB	2200	1-4-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	7/68		1/28/00
RESPONSE FORMALITY REVIEW			9/24/00, 10/8/00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓		
2	✓		
3	✓		
4	✓		
5	✓		
6	✓		
7	✓		
8	✓		
9	✓		
10	✓		
11	✓		
12	✓		
13	✓		
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	N	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	✓	✓	
23	✓	✓	
24	✓	N	
25	✓	✓	
26	✓	✓	
27	✓	✓	
28	✓	✓	
29	✓	✓	
30	✓	N	
31	✓	✓	
32	✓	N	
33	✓	N	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	N	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓		
52	✓		
53	✓		
54	✓		
55	✓		
56	✓		
57	✓		
58	✓		
59	✓		
60	✓		
61	✓		
62	✓		
63	✓		
64	✓		
65	✓		
66	✓		
67	✓		
68	✓		
69	✓		
70	✓		
71	✓		
72	✓		
73	✓		
74	✓		
75	✓		
76	✓		
77	✓		
78	✓		
79	✓		
80	✓		
81	✓		
82	✓		
83	✓		
84	✓		
85	✓		
86	✓		
87	✓		
88	✓		
89	✓		
90	✓		
91	✓		
92	✓		
93	✓		
94	✓		
95	✓		
96	✓		
97	✓		
98	✓		
99	✓		
100	✓		

Claim	Final	Original	Date
101	✓		
102	✓		
103	✓		
104	✓		
105	✓		
106	✓		
107	✓		
108	✓		
109	✓		
110	✓		
111	✓		
112	✓		
113	✓		
114	✓		
115	✓		
116	✓		
117	✓		
118	✓		
119	✓		
120	✓		
121	✓		
122	✓		
123	✓		
124	✓		
125	✓		
126	✓		
127	✓		
128	✓		
129	✓		
130	✓		
131	✓		
132	✓		
133	✓		
134	✓		
135	✓		
136	✓		
137	✓		
138	✓		
139	✓		
140	✓		
141	✓		
142	✓		
143	✓		
144	✓		
145	✓		
146	✓		
147	✓		
148	✓		
149	✓		
150	✓		

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)